



Royal United Hospitals Bath
NHS Foundation Trust

Patient Experience Report

April-June 2022



Executive Summary

Formal Complaints

84 complaints were received in Q1. The primary themes of complaints across all departments is **clinical care and concerns** – this includes the quality of nursing care, inappropriate care and treatment, end of life care concerns, coordination of treatment and knowledge and competence of staff. Concerns relating to **communication and information** are apparent throughout most complaints but is not always the primary subject of the complaint.

The operational pressures in the hospital is evident in the subject matter of many complaints – patients being nursed on trolleys for extended periods, frequent bed moves and a lack of support and involvement of families and carers

There has been a **79% increase in complaints in the last year 205 in 20/21 392 in 21/22**. This is higher than pre-pandemic numbers, 288 in 19/20.

PALS

1168 contacts in Q1. The top 3 issues for resolution remain the same – **communication and information, clinical care and concerns and appointments.**

- **Communication and information** – top contributors are Orthopaedics, Cardiology and Oral and Maxillofacial surgery
- **Clinical care and concerns** – top contributors are Cardiology, Gastroenterology and Radiology. The reason why patients are contacting PALS for these specialties is patients are asking for the results of tests. This has been a pattern in the last year. In Q1, PALS were also contacted about the shortage of staff in Maternity.
- **Appointments** – top contributors are Oral and Maxillofacial surgery, Orthopaedics and Gastroenterology. Over the year, Cardiology is also a top contributor for patients contacting PALS about their appointments.

FFT

There has been a decrease in the overall patient experience scores this quarter from between **96-98% in Q4 to 94-96% in Q1. This is mainly due to the experience of waiting for patients in the Emergency department.**

The number of FFT responses remains low – these are received by card and online. A review is underway with Salisbury and Great Western hospitals to pilot a text service which has proven in other Trusts to promote an improved response rate. A bid will be made to the Innovation Panel to run a 12 month pilot to collect more patient feedback particularly from the Emergency department.

Patient Engagement

The Patient Experience Team advises and supports clinicians and specialty teams to involve and engage with patients and families. This includes supporting them to create questionnaires, run focus groups, conduct telephone interviews, review patient information leaflets and co-designing services. Examples of activities are included on slide 13 of this report.

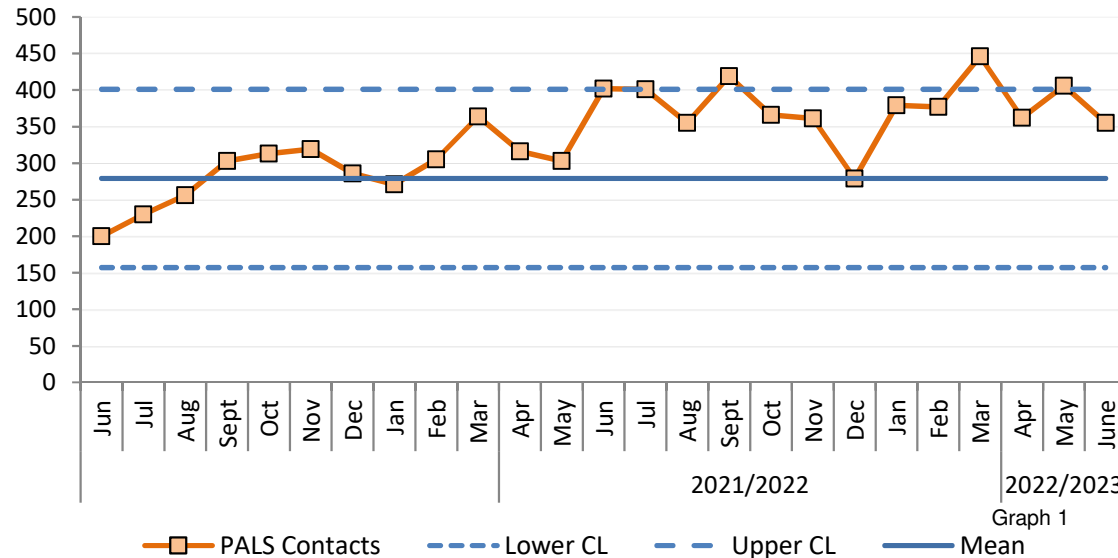
Patient Experience A3

- **Patient and carer engagement and experience strategy** – draft in progress, to be launched in Q2.
- **A review of Outpatient letters is being led by Chris Dyer** with clinical staff and support from patient experience. Clinic letters to patients have been co-designed with service users
- Working group focussing on patient information on discharge has been set up.
- **A communication training package is being reviewed** – this will be available for all frontline staff

Patient | PALS – performance/issues requiring resolution

Historic Performance

Number of PALS Contacts – June 2020 to June 2022



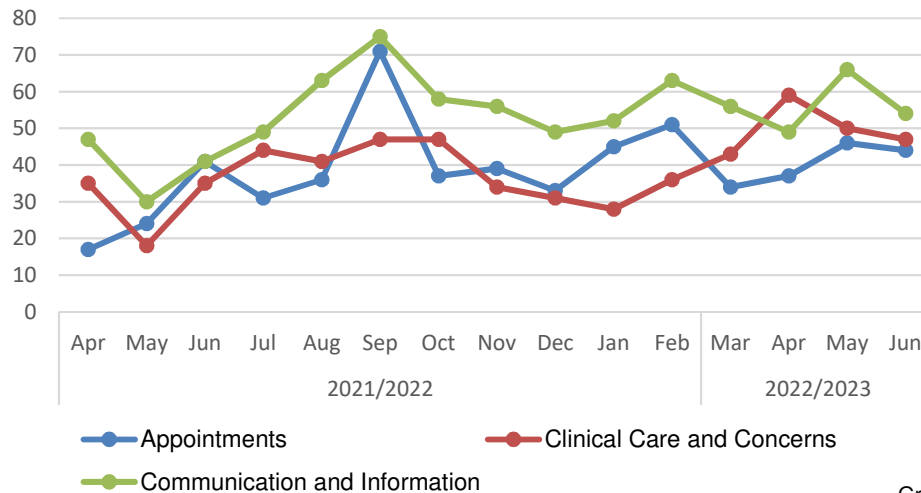
Performance in Q1

There were **1168** PALS contacts (this compares to 1209 in Q4) 679 issues for resolution. Top 3 issues were:

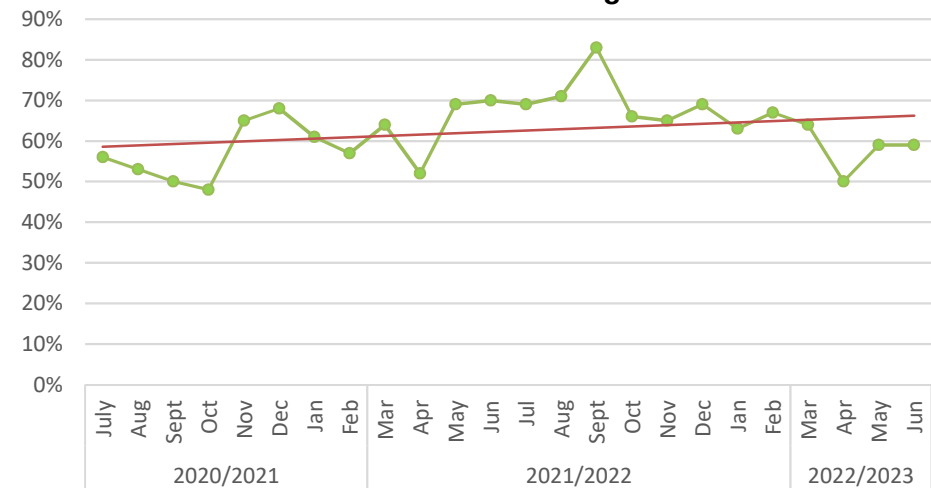
- 1. Communication and information = 168**
- 2. Clinical Care & Concerns = 153**
- 3. Appointments = 126**

Closure of the **679** PALS issues for resolution within the 48 hour target fluctuates, due to the complexity of some cases which require more than 48 hours to investigate and the capacity and availability of clinical staff to respond to queries/concerns. The high numbers of PALS cases in Q1 has impacted on the Trust response times.

PALS top contributors to issues for resolution April 2021 - June 2022



PALS - Percentage of Issues for Resolution Closed within 48 hour Target

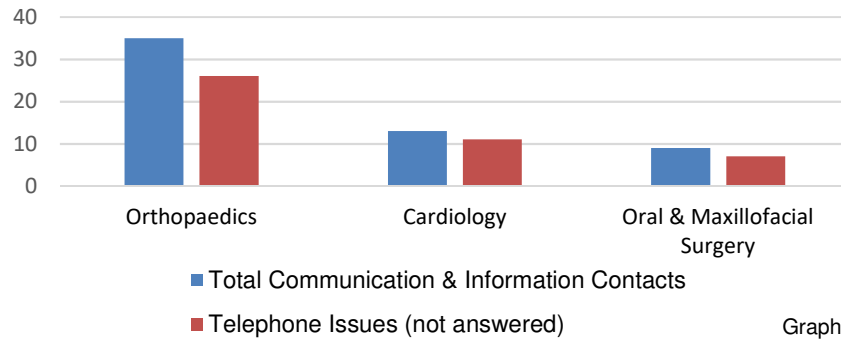


Graph 2

Graph 3

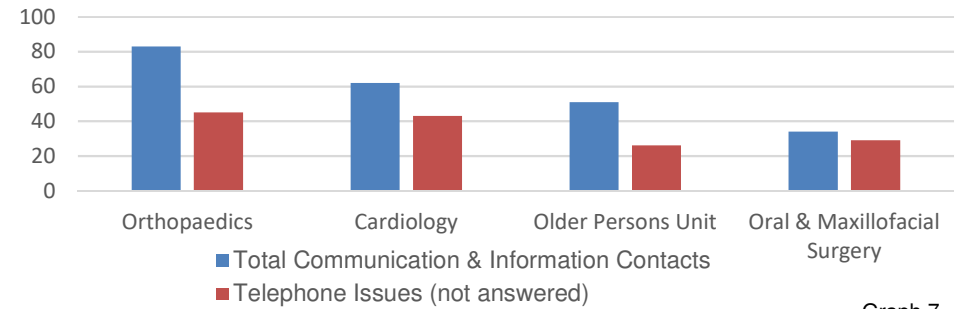
Patient | PALS - issues requiring resolution

Q1 Communication & Information by Specialty



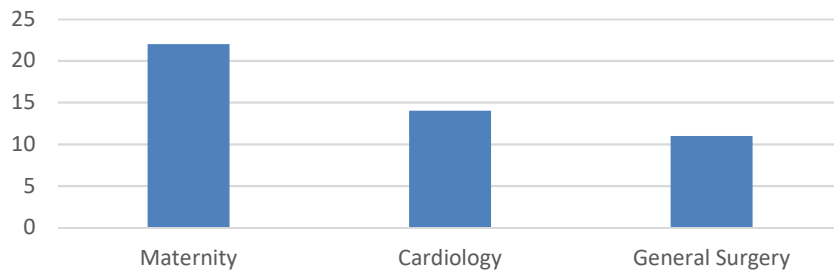
Graph 4

Top contributor to Communication & Information by Specialty Apr 21 - Jun 22



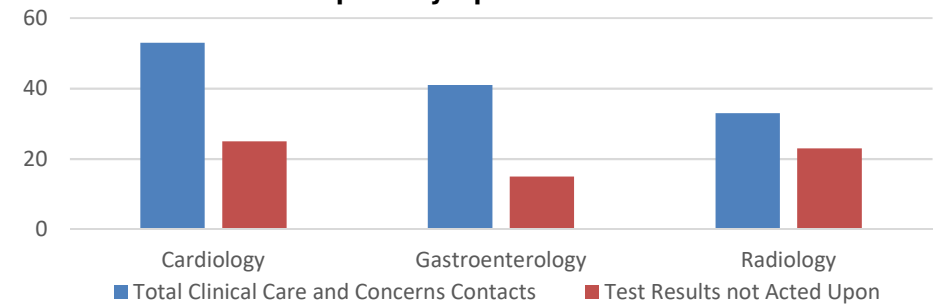
Graph 7

Q1 top contributors to Clinical Care and Concerns by Specialty



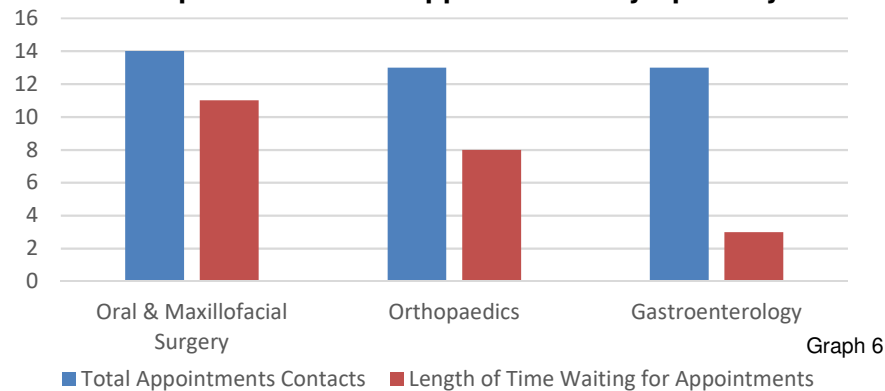
Graph 5

Top contributor to Clinical Care and Concerns by Specialty Apr 21 - Jun 22



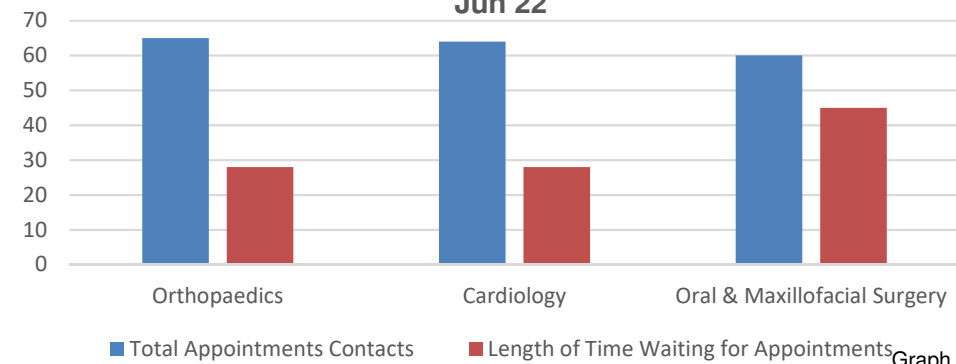
Graph 8

Q1 top contributor to Appointments by Specialty



Graph 6

Top Contributor to Appointments by Speciality Apr 21 - Jun 22



Graph 9

Patient | PALS & Complaints countermeasures/actions

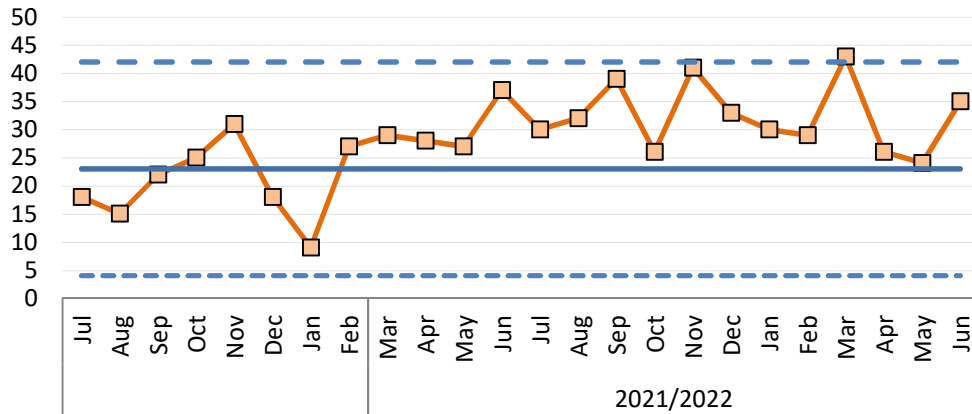
Issue for resolution	Countermeasures /Actions (Q1)	Owner in Division
Communication and Information	<ul style="list-style-type: none"> Admin and clerical vacancies have been recruited into the vacancies in Oral & Maxillofacial Surgery and Orthopaedics. Increased numbers of staff on front desk in Oral Surgery to support direct booking of appointments and to answer the telephone. Re-introduced direct booking for some appointments to minimise the number of patients making calls. Designated admin days have been implemented for staff to answer phones/voicemail messages and an appointments e-mail address has been added to the web pages giving patients another means of communication. 	<p>Natalie Gillett, Specialty Manager</p> <p>Karen Driscoll, Deputy Divisional Director of Operations for Surgery</p>
Clinical Care and Concerns	<ul style="list-style-type: none"> Maternity are actively recruiting to Midwifery positions and providing regular updates to the public regarding the suspension of community services. Virtual sessions have been held by Deputy Chief Nurse to discuss the challenges and steps being taken to reinstate community and home births. Radiology have outsourced to two other companies to support reporting times on MRI and CT scans. 	<p>Sarah Merritt, Deputy Chief Nurse</p> <p>Morag Callow, Office Manager Radiology</p>
Appointments	<ul style="list-style-type: none"> Outpatient Departments are running weekend lists to help reduce appointment wait times. Oral and Maxillofacial surgery have had additional clinics every weekend since November 2021 seeing new patients, follow up patients and local anaesthetic lists. Virtual and telephone appointments continue to be held where appropriate. Outpatient wait times are being updated monthly on the Trusts external webpages. An online form has been developed in Radiology to assist with appointment queries, providing patients with an alternatives means of contact with the department. 	<p>Specialty Managers, Surgery</p> <p>Helen McCabe, Outpatient Manager</p> <p>Morag Callow, Office Manager Radiology</p>

Patient | Complaints – performance/top contributors

Performance in Q1

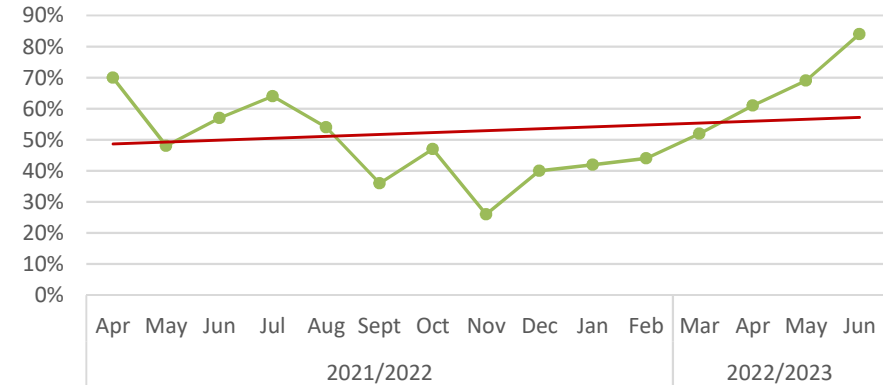
There were **84 complaints** received in Q1 (this compares to 103 in Q4). Surgery 29, Medicine 26, F&SS 15, Corporate (includes ED) 14.

Number of Complaints – July 2020 to June 2022



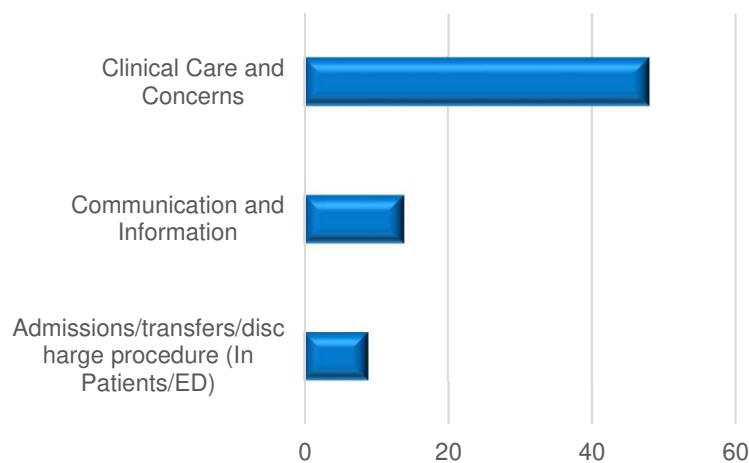
Graph 10

Percentage of Complaints closed within 35 working days



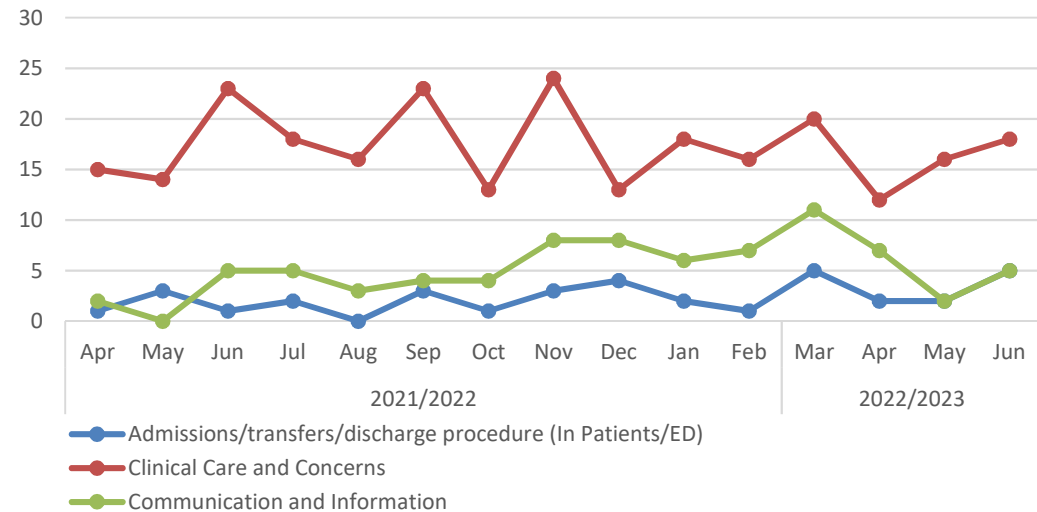
Graph 12

Top Three Contributors to Formal Complaints Q1



Graph 11

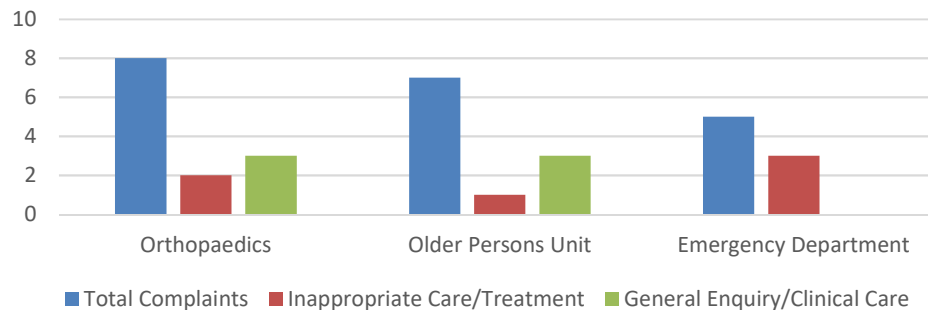
Top Three Contributors to Formal Complaints – April 2021 to June 2022



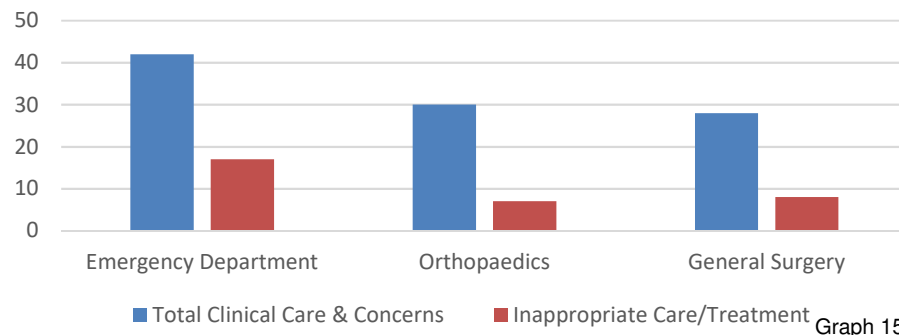
Graph 13

Patient | Complaints – Clinical Care and Concerns

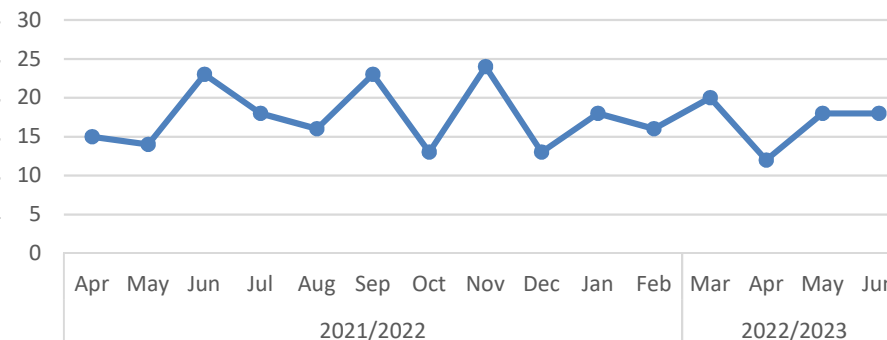
Q1 Top Contributors to Clinical Care and Concerns by Speciality



Top Contributor to Clinical Care and Concerns April 21 - June 22



Complaints - Clinical Care and Concerns April 2021 – June 2022



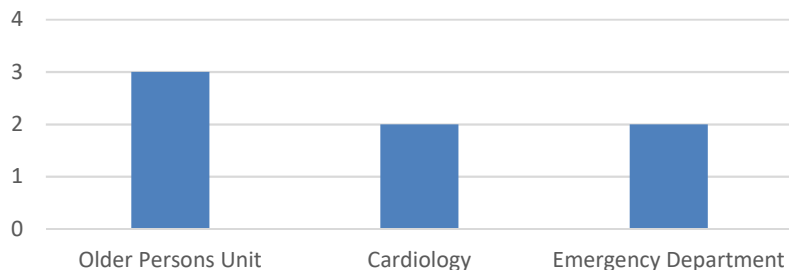
Graph 16

Graph 15

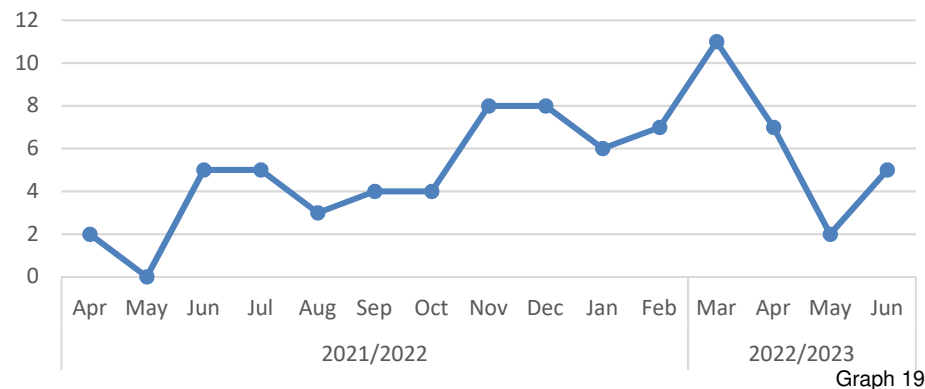
<p>Emergency Department</p>	<p>Concern raised from family member regarding unsafe discharge late at night from the Emergency department. Patient was discharged late at night with a fractured knee. There was an inadequate assessment of the patient's home circumstances. Patient was supported by the rapid response team and a GP appointment arranged for the following day.</p> <p>Apologies were given for the inadequate assessment of the patient's needs and for the distress this caused. Staff have been reminded about the importance of obtaining comprehensive information about the patient's home environment if their mobility has been affected by injury. Examples of poor discharges from ED will be shared with the Discharge Programme Board.</p>
<p>Carers</p>	<p>Engagement with Matrons or relevant colleague to discuss trends of poor care when they are identified. An emerging theme is unpaid carers not feeling supported or involved in decision making. This has been discussed with the Learning Disability practitioner and highlighted at the Dementia strategy group meeting. The Patient Experience Matrons in Surgery and Medicine will provide clinical leadership for carers supported by the Lead for Patient & Carer Experience.</p>

Patient | Complaints – Communication and Information

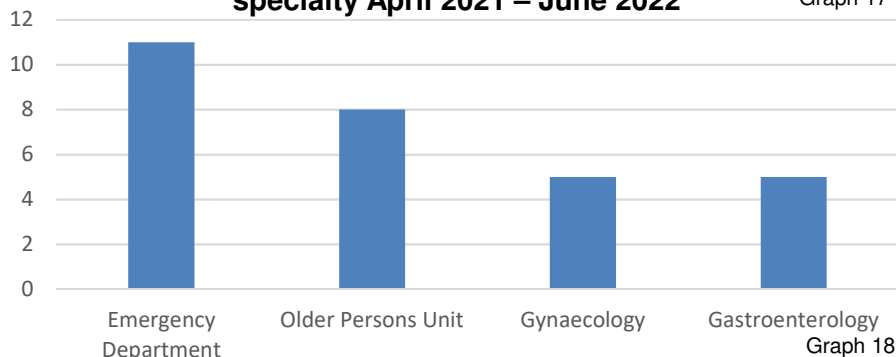
Q1 Top contributors to communication and information by specialty



Complaints – communication and information April 2021 – June 2022



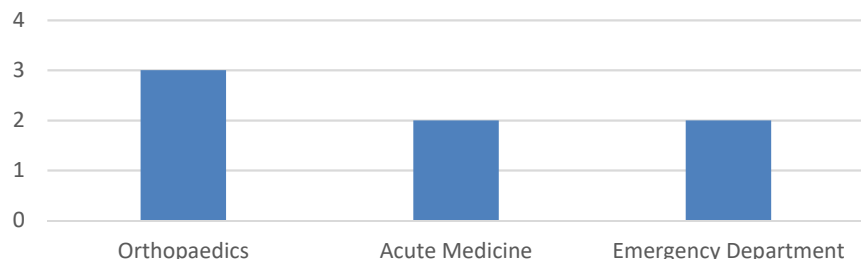
Top contributors to communication and information by specialty April 2021 – June 2022 Graph 17



Division	Actions taken/countermeasures
Medicine	Lack of follow up after cardiology tests. Medication changes made by GP 6 months later. Patient and wife concerned that he could have become very unwell without the medication changes. Investigation underway into how results are monitored by Cardiology department.
F&SS	Patient unhappy with the outcome of the Head of Midwifery webinar explaining the suspension of maternity services/lack of clarity about when services will be reinstated. The lady had been planning a homebirth since 12 weeks. Outcome – contacted by DDM explanation and information given by phone. Communication to public amended to give more realistic timeframe for the reintroduction of home births.
Corporate	Scoping underway with external provider for 'Service Excellence' training for all frontline staff. Review of Trust web pages to ensure patients/families have access to up to date current information Work alongside top 3 areas reporting increase in difficult conversations to understand challenges

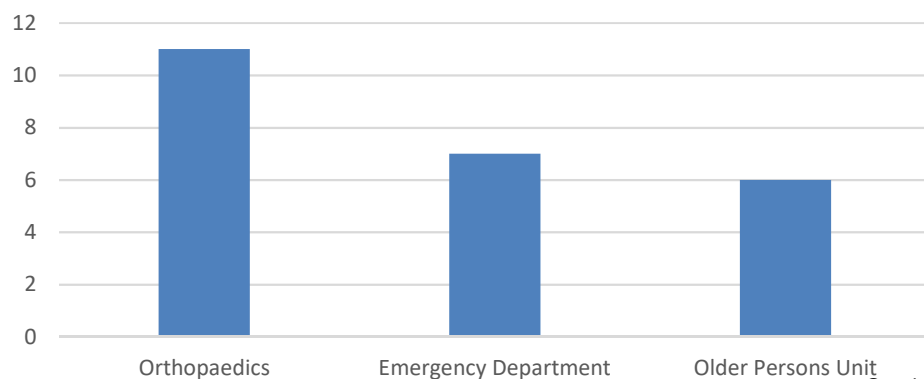
Patient | Complaints – admission/ transfers/discharge

Q1 Top contributors to admission/ transfers/ discharge by specialty



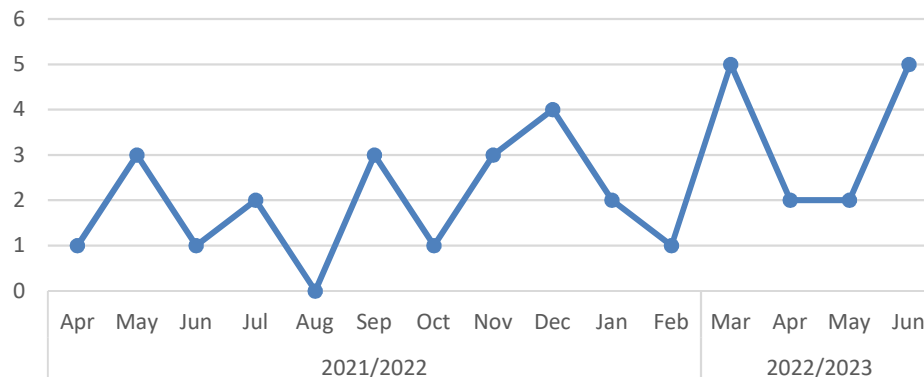
Graph 20

Top contributors to admission/ transfers/ discharge by specialty April 2021 – June 2022



Graph 21

Complaints – admission/ transfers/ discharge – April 2021 – June 2022

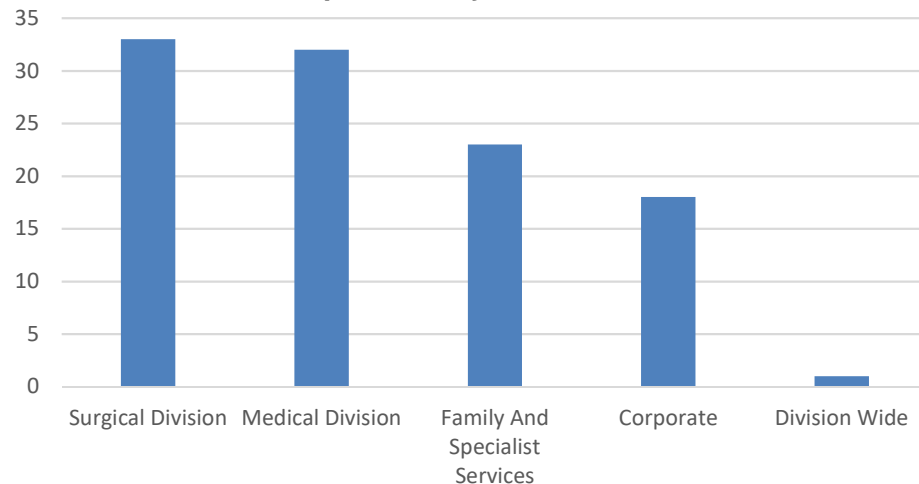


Graph 22

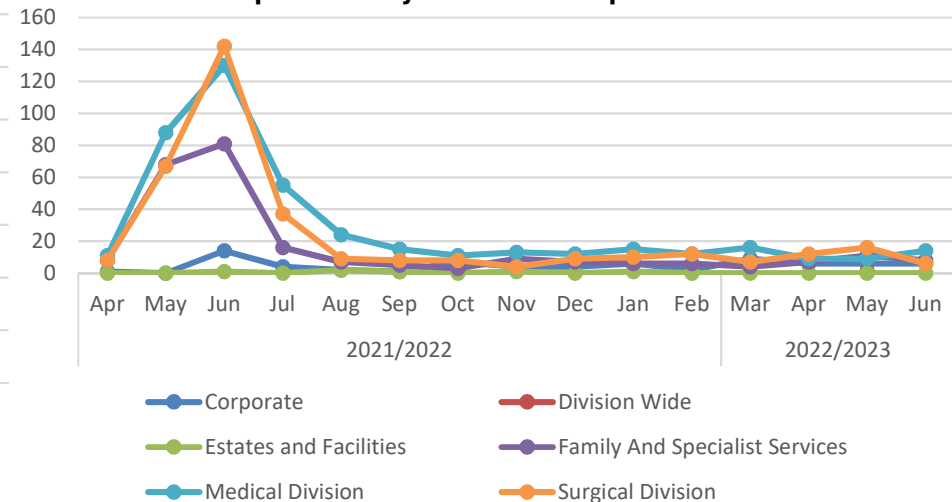
Subject area	Actions taken/countermeasures
Surgery	Concerns raised by family about poor discharge planning and support on discharge. Discharge planning affected by the absence of the ward discharge coordinator. Patient since readmitted and remains in hospital. Outcome: Training sessions arranged for nursing staff regarding catheter care and what needs to be provided for patients being discharged with a catheter in place
Discharge	Trust wide Discharge improvement project commenced which includes four sub groups: <ol style="list-style-type: none"> 1. End of life discharge group 2. Integrated discharge service – improving communication from ward to community 3. Safe and proactive discharge 4. Patient and Family Experience and information

Patient | Compliments

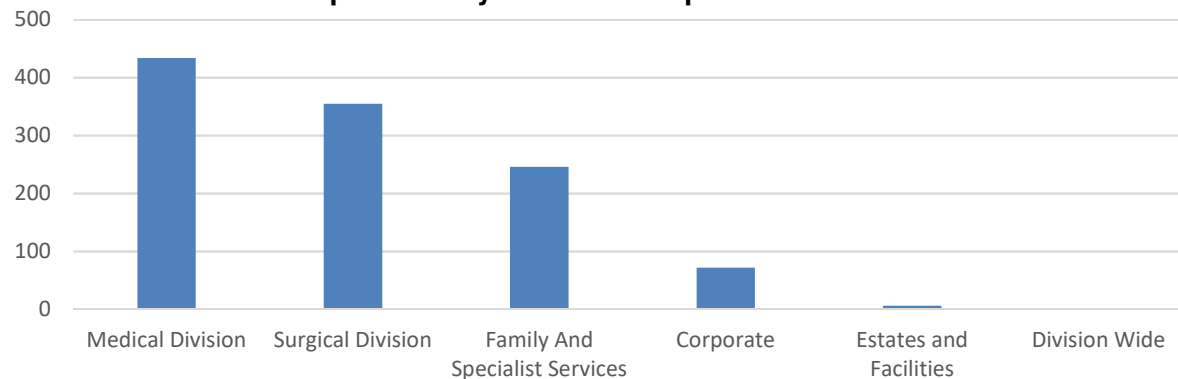
Compliments by Directorate Q1



Compliments by Directorate Apr 21 - Jun 22



Total Compliments by Directorate Apr 21 - Jun 22



Compliments received in Q1

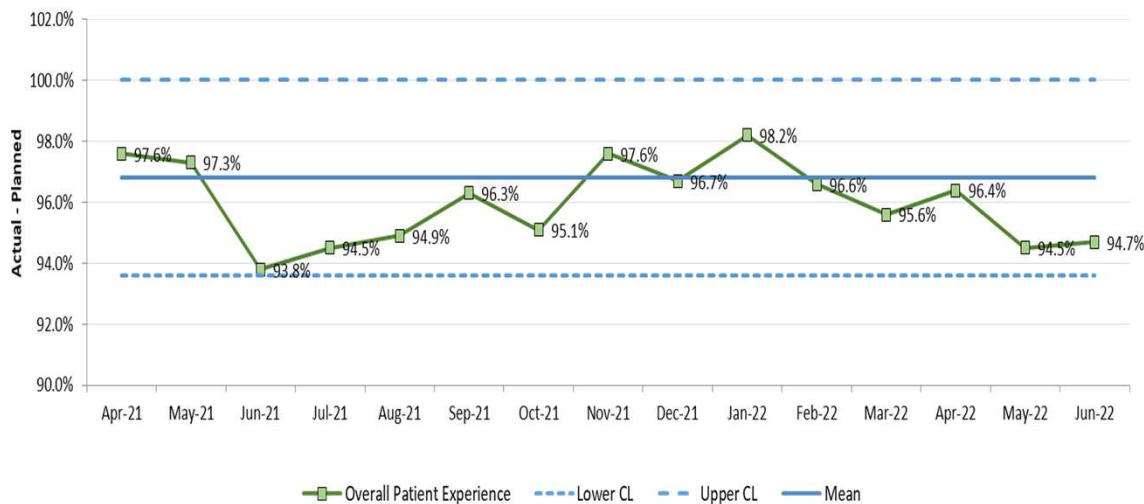
107 compliments were received by PALS and the Directors Offices in Q1. The spike in compliments in Q1 last year resulted from text reminders sent to outpatients following their appointment and a lot of patients/families completed the online compliment form.

Themes	Caring and kind staff, empathetic and supportive, compassionate and understanding.
Examples	<ul style="list-style-type: none"> • Patient was impressed with the efficiency of the service and care and professionalism of staff - Endoscopy • Client contacted PALS to pass on thanks to A&E for brilliant care and for making the process as stress free as possible. • Client contacted PALS to pass on thanks to staff stating the waiting room was great and the children were happy. Symbols being used provided reassurance and staff wanted to help. Staff were friendly and took time to explain things - Children's • Client contacted PALS passing thanks to staff who took the time to explain procedure slowly to patient with learning disability Oral Surgery • Patient contacted PALS to thank Breast Unit for exemplary treatment and being understanding of her needs.

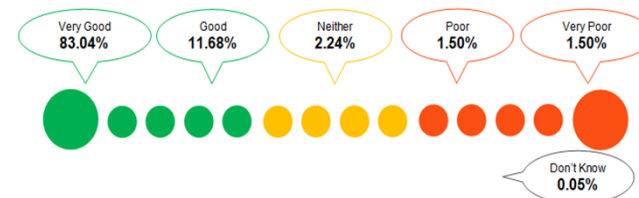
Patient | Friends and Family Test

Historic Performance

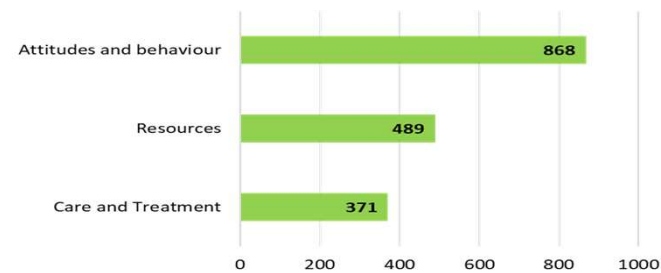
Royal United Hospital
1st April 2021 - 30th June 2022
SPC Overall Patient Experience
Source: eQuest (as 12th July 2022)



Friends and Family Test question responses



Top three positive themes in Q1



Is standard being delivered?

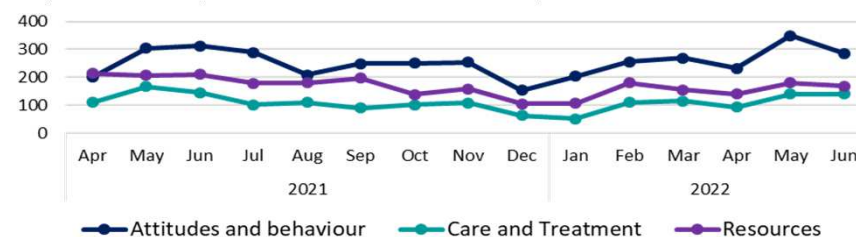
In Q1 2022 the proportion of patients across the Trust that responded positively (very good or good) about their overall experience was 94.7%. Below shows the overall patient experience feedback for each division.

FFT responses Q1 2022	Overall Patient Experience numbers			
	Medicine Division	Surgery Division	F&SS	Corporate (ED)
Very good/ good	96.5% (890)	97.27% (641)	92.41% (353)	80.6% (142)
Poor/ very poor	2.7% (25)	1.82% (12)	5.24% (20)	3.9% (7)
Neither good nor poor	0.7% (7)	1.86% (12)	3.93% (15)	15.3% (27)

Top contributors for positive feedback in Q1

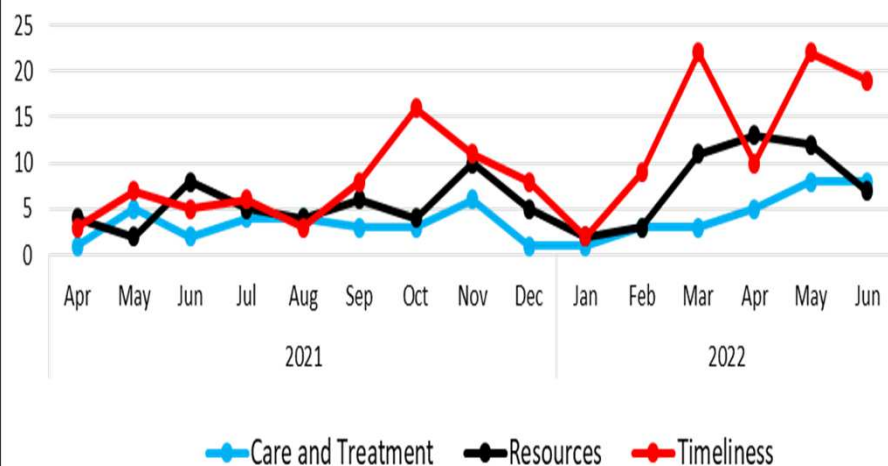


Top three FFT positive themes – historic performance



Patient | Friends and Family Test

Top three FFT negative themes – historic performance

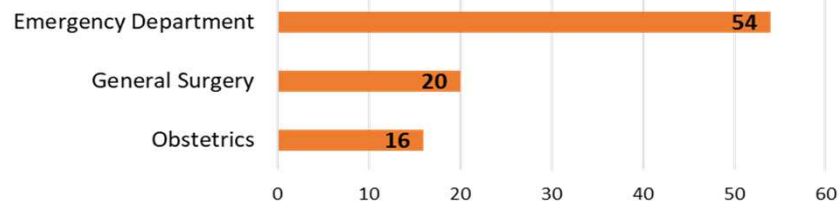


The above graph shows an increase in the numbers of patients reporting concerns around timeliness and care and treatment.

Key points of learning from negative FFT feedback in Q1

- Timeliness (51)** Waiting to be seen in ED, waiting for a doctor, waiting for response to call bell, waiting for scans, lack of time with doctors, cancelled operation
- Resources (32)** Understaffed, staff overworked, lack of staff, lack of continuity (different Dr's)
- Care and Treatment (21)** Not receiving care soon enough, lack of medication/ pain relief, not given enough attention.

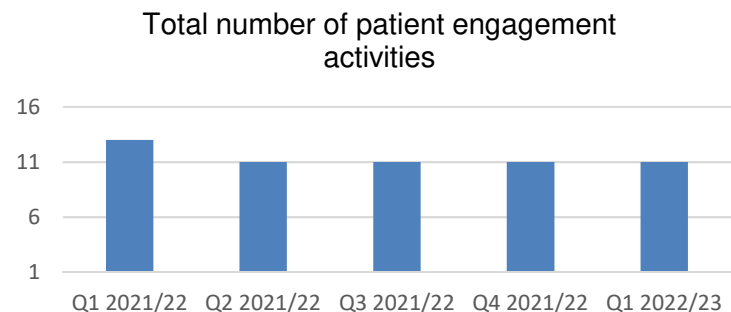
Top contributors for negative FFT feedback in Q1



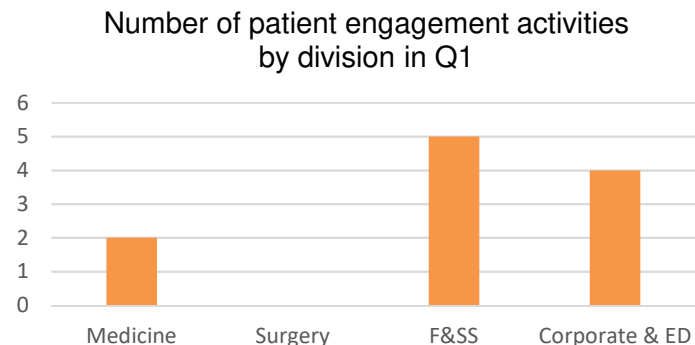
Division	Countermeasures /Actions (Q1)	Owner in Division
Corporate – Emergency department	<p>Additional practitioners have been recruited to work in urgent care therefore there is now better rota cover. Having more practitioners on shift will also reduce the waiting time for patients to be seen. Extra Healthcare Assistants (HCA) have also been recruited and one of these will work in the waiting room so patients can be supported and kept safe during their time in the waiting area. This means a staff member is able to see if patients are in need in the waiting room, if they deteriorate or indeed are wheel chair bound and need assistance. It is expected that the additional staff will enhance patient care in urgent care.</p> <p>In majors more staff have been recruited to the 'pit stop area' and this is now covered 24 hours a day with a nurse and HCA. 'Pit stop' is the receiving area for patients arriving at the Emergency department by ambulance and/or patients booking into urgent care that need a majors cubicle. The staff here initiate investigations and care as early as possible so when the patient is seen by a clinician results should be available. It is expected that this will improve waiting times in ED and result in an improved patient experience.</p>	Sarah Merritt, Deputy Chief Nurse

Patient | patient engagement

Historic Performance



Performance in Q1



Example engagement activities	Learning received in Q1	Actions taken in Q1 as a result of patient feedback	Lead
Medicine Radiology patient feedback via FFT, PALS and Complaints	<p>Positive compliments about staff</p> <p>Five complaints about staff attitude, covering all areas, reflecting operational pressures</p> <ul style="list-style-type: none"> Delays in receiving results/Waiting time delays. 	<ul style="list-style-type: none"> Radiology webpage information has been updated Staff giving better, accurate consistent information to patients at the time of imaging to help manage expectations for results. Communication sent to referrers (internal and external). 	Sarah Bond
F&SS Psychology Support Service NICU	<ul style="list-style-type: none"> Lack of awareness of the psychology service & how to access it. Staff ask parents about their emotional wellbeing and signpost them to psychology Differences in the way parents want to be communicated with. 	<ul style="list-style-type: none"> Improved service information and accessibility for staff and parents - poster on the walls and in the information given to parents. Weekly parents' support group Nursing staff to co-facilitate the group (a small step towards skilling up all staff in listening skills and awareness of MH issues) 	Claudia Chow/ Antonia Reay
F&SS Children's Therapy Service Review – Parent Experience questionnaire	<ul style="list-style-type: none"> 64.29% of families did not think that therapists had discussed therapy goals with them and their child. 92.86% either did not think or did not know that OT provision had been met for their child. 57.14% didn't have confidence that therapists communicated with other professionals in a timely manner. 	<ul style="list-style-type: none"> All therapists now communicate (and document) at initial appointment: <ul style="list-style-type: none"> that they are setting goals with child/ parents. establish agreed expectations about frequency of contact/reports agreed means of communication with parent/carers at initial appointment to use to briefly update following school visit. Therapists communicate to parent/carers if they have had no/delayed response from other professionals. 	Emily Graham

Patient | A3 Patient Experience update

Problem statement

Our patients and families tell us that we don't always listen, act or learn from their feedback, we don't involve them in decision making and we don't communicate with them in a way that they want or expect.

Vision

We will listen, hear and act, putting the patient and family voice at the heart of our services.

Goal: To continuously improve our patient experience and strengthen our patient voice in every service across the Trust.

Concerns	Causes	Countermeasures/actions	Q1	Q2
Patients and families can't communicate with their relatives in wards	Staffing and sickness levels on wards	Establish a Family Liaison Team (FLF)	Funding no longer available to support FLF team. Review of what support volunteers can provide is underway.	
Patients and families tell us that we don't always involve them	Services lack clarity about what patients and relatives want & expect – best practice is not defined	Develop a patient and carer engagement and experience strategy using co-production	Feedback from patient and staff being collated and themed.	Launch of draft strategy with patients and staff/aligned to new Trust vision
Outpatient clinic letters do not always meet the needs of patients or their families	Clinic letters not written to patients and in a way they can understand	Co-design letters with service users to improve communication	Guidelines have been drafted on writing clinic letters to patients (co-designed with patients)	
Written information on discharge (lowest score in the Inpatient Survey 2020)	Not all patients are given a discharge summary at the point of discharge	Set up a working group to identify key areas to focus improvement work to ensure patients receive the correct information at the point of discharge	Working group established and reporting to Discharge Board.	A3 to be completed focussing on current issues and actions needed.
Staff do not receive formal communication training – 'the RUH way' is not defined or described	A lack of clarity & staff pressures are reported by patients as delivering communication that does not meet their needs or expectations	Develop a communication training package & roll out plan for all frontline staff - standardise greetings, verbal & non-verbal, human factors, use of simulation		